

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Heritage Ridge Senior Living at Johnstown		STREET ADDRESS, CITY, STATE, ZIP CODE 807 Goucher Street Johnstown, PA 15905	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>48941</p> <p>Based on review of facility policies and residents' clinical records, as well as staff interviews, it was determined that the facility failed to review and revise care plans for two of five residents reviewed (Residents 2, 4).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated February 22, 2024, indicated that the comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated August 9, 2024, indicated that the resident was cognitively impaired, required assistance with care needs, had a weight gain, and had diagnoses that included anemia (blood disorder in which the blood has a reduced ability to carry oxygen) and gastroesophageal reflux disorder (a digestive disorder that causes heartburn and aid indigestion).</p> <p>Physician's orders for Resident 2, dated September 15, 2024, included an order for the resident to receive a carbohydrate-controlled diet, mechanical soft texture diet and be provided large/double portions and no eggs. A physician's order, dated September 16, 2024, included an order for the resident to receive Ensure with meals.</p> <p>There was no documented evidence that Resident 2's nutrition care plan reflected his specialized diet, large/double portions, preference for no eggs, and his order to receive Ensure.</p> <p>A quarterly MDS assessment for Resident 4, dated August 16, 2024, revealed that the resident was cognitively impaired, was usually understood and usually able to understand others, required assistance with some care needs, and had a diagnosis of that included dysphagia (difficulty swallowing).</p> <p>Physician's orders for Resident 4, dated August 28, 2024, included an order for the resident to receive a no added salt, regular texture diet.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations during the facility tour on September 18, 2024, at 9:07 a.m. revealed that Resident 4 did not have teeth and did not have dentures in. The resident indicated that she had upper and lower dentures and that they were in the bathroom. Observations at that time revealed that the resident's upper and lower dentures were in the resident's bathroom soaking in a denture cup.</p> <p>There was no documented evidence that Resident 4's care plan addressed her need for upper and lower dentures to enable her to chew her food.</p> <p>Interview with the Director of Nursing on September 18, 2024, at 2:47 p.m. confirmed that Resident 2's nutrition care plan should have been revised to reflect his specialized diet, large/double portions, preference for no eggs, and his order to receive Ensure and confirmed that Resident 4's care plan should have been revised to reflect her need for upper and lower dentures to enable her to chew her food.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48941</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observations, as well as interviews with facility staff and residents, it was determined that the facility failed to ensure that dentures were in place to maintain the ability to chew foods for one of five residents reviewed (Resident 4).</p> <p>Findings include:</p> <p>A quarterly MDS assessment for Resident 4, dated August 16, 2024, revealed that the resident was cognitively impaired, was usually understood and usually able to understand others, required assistance with some care needs, and had a diagnosis of that included dysphagia (difficulty swallowing).</p> <p>Physician's orders for Resident 4, dated August 28, 2024, included an order for the resident to receive a no added salt, regular texture diet.</p> <p>Observations on September 18, 2024, at 9:07 a.m. revealed that Resident 4 was sitting at the side of her bed and had eaten all the food on her breakfast tray. Her tray ticket indicated that she received French toast and sausage. She indicated that her food was good, but she had to gum it. Observations at that time indicated that the resident did not have teeth and did not have dentures in her mouth. The resident indicated that she had upper and lower dentures and that they were in the bathroom. Observations at that time revealed that the resident's upper and lower dentures were in the resident's bathroom soaking in a denture cup.</p> <p>Interview with Licensed Practical Nurse 1 on September 18, 2024, at 9:08 a.m. revealed that Resident 4 did wear upper and lower dentures and confirmed that she should have had them in for breakfast. She indicated that she would tell the nurse aide to put them in.</p> <p>Interview with Nurse Aide 2 on September 18, 2024, at 9:35 a.m. confirmed that Resident 4 did not have her teeth in for breakfast and they should have been in.</p> <p>Interview with the Director of Nursing on September 18, 2024, at 2:47 p.m. confirmed that Resident 4 should have had her dentures in for breakfast.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48941</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that food items stored in the nutrition room were labeled, dated, and secured, and that outdated foods were discarded.</p> <p>Findings include:</p> <p>The facility policy regarding food receiving and storage, dated February 22, 2024, revealed that food items and snacks kept on the nurses' units must be maintained as indicated: All food items to be kept below 41 degrees Fahrenheit must be placed in the refrigerator located at the nurse's station and labeled with a use by date, beverages must be dated when opened and discarded after 24 hours, and other opened containers must be dated and sealed or covered during storage.</p> <p>Observations of the nutrition room's refrigerator on the nursing unit on September 18, 2024, at 11:08 a.m. revealed a thickened dairy drink dated as opened on July 18, 2024. Instructions on the container stated that the thickened milk may be stored up to seven days when refrigerated after opening. Observations also revealed a large container of applesauce partially covered by plastic wrap and not dated.</p> <p>Interview with the Director of Nursing on September 18, 2024, at 11:30 a.m. confirmed that the thickened dairy drink should have been discarded and the applesauce should have been sealed and dated.</p> <p>Interview with the Dietary Manager on September 18, 2024, at 11:40 a.m. confirmed that the nutrition room refrigerator was to be checked by the dietary staff daily to make sure food is labeled and dated and foods are discarded that are out of date or not labeled.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>		